### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

						1
12				1	1	1
200	D	D:	BT.	1	6	6

			1 1	6
Reg.	Dist.	No.	1 0	_

00583

1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Loch Lynn, wiryland.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? More where death occurred.	State Haryland county Garrett  City or town Loch Lynn, Md.  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No		
How long In hospital or Institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Stanley Merle Biser.	3. (b) Social Security Number		
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P		
Male White Single	MEDICAL CERTIFICATION P. M. 20. DATE OF DEATH January 9th 1947 4:00 M		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on like date above stated; that I atlended deceased from		
7, Birth date of deceased (mo., day, yr.) Nov. 23d. 1946.	and that I last saw hours alive on 7 Jan 44 1949		
8. AGE: Years Months Days It less than one day	Immediate gause uf death		
0 1 16hrsmin.	assa freeworks.		
9. Birthplace Loch Lynn, Maryland. (Town, county, and state)	Oue to		
10. Usual occupation	Due to		
12. Name Marshell D. Biser.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Mamie Hosford.  15. Birthplace Leakesville, Miss.  16. Informant Marshell D. Biser.	Majur findings of uperations.		
≥ 15. Birthplace Leakesville, Miss.	Date of op.		
18. Informant Marshell D. Biser.	Autopsy results		
Address Loch Lynn, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial  (Burial, cremation, or removal. Which?)  Burial January 11/ (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory Maple Springs Cemetery.			
Felon W Vs	Where did injury occur?		
	Means of injury  Injured at work?		
18. Funeral director Zugenstein D. 130 Caller Address Da II & S. M. A. M.	1 1		
19. Jan. 9 19. 47 Julia a Nowan Registrar	23. SIGNATURE Levelun E. / hours M. D. or other M.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefulled is especially important. Physicians: please write the causes of death clearly and by

JAN 21 1947

## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

2411 N. Charl-	ea St., Baltimore 93d
CERTIFICAT	TE OF DEATH Reg. Dist. No. 1625
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State DDR X A D County G RETT  City or town I URAL S BURY PARSI  (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
MR-CHAPLES-W-	BITTINGER 3. (b) Social Security Number
4. Sex 5. Color optace 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M while widowed	20. DATE OF DEATH January 21 19 47 at 1:
6.(b) Name at Musbaped or wite Mary Horel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
dear M	Feb. 2 1944 to Jan. 194
7. Birth date of Scrib date of	and that I tast saw him alive on Tane 14
8. AGE: Years Months Days If less than one day	Immediate cause of death Influenza, bronchial DURAT
hrsmin.	350
9. Birthplace GARRETT CO-DARY AND COUNTY, and state)	Due to
10, Usual occupation COBL-MINER (Relined)	Data de
11. Industry or business COAL-MINING	Due to
# 12. Name JACOB - BITTINGER	Other conditions Non-rheumatic myocardial
13. Birthplace GARRETT-CO-MARYLAND	degeneration, secondary anemia
14. Maiden name ELLEN - FACENBAKER  15. Birthplage GARBETT Co. IDARYLAND	(Include pregnancy within 3 menths of death)
15. Birthplace PARRETT CO. MARYLAND	Major findings of operations.
I would Pit A.	Date of op.
18. Informant	Antopsy results
Address Salukurs, P.D.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremetion, or removal, Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory new ton Bellings Corneling	Where did injury occur?
D. Up. Trula 1/2 the offelle	tojured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director and the state of the st	0 .04- 44
Address Salisborlay Lenna	23. SIGNATURE. Cranttituello
19 Jan 22 1947 For Brosquater	M. D. or other
(Date rec'd by registrar) Registrar	Address Thursdall ( ) many Marie signed 1-21-4

MARGIN RESERVED FOR BINDING



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

96	00585
43	
	Reg. Diat. No.   0

1. PLACE OF				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	rett	Manualand		state Maryland. In County Garrett	
City or lown	Oakland, (If outside city or town lin	Mary Lallu .	rive pearest town)		
Ham lang to about	place of death? Lif	e time	give incaress sowii)	City or town Oakland, Maryland, (If outside city or town limits, write RURAL and giv.	e nearest town)
How long in above	on, or street address where d	eath occurred:	***************************************		
				Street No. (If rural, give LOCATION)	
New Jane In hoos	oital or Institution?			2.(a) If veteran, name war	
3. (a) FULL	NAME			3. (b) Social Secu	rity Number
	Harry Will	ison Davis	5 •		
4. Sex	5. Color or race	6.(a) Single, married, wi		MEDICAL CERTIFICATION	A.M.
Male	e White	Widowe	er	20. DATE OF DEATH January 13th, 1947	
				21. I CERT FY that death occurred on the date above stated: that Mattended	
6,(b) Name of hu	sband or witeBer	tha rentri	I Davis.	June 10 19 46 10 100	12 4)
	eceased.		e ageyears		
7. Birth date of deceased (mo.	dow wer Jilly 2	lst, 1867.		and that last saw h. Amalive on Jan 120	
8. AGE:	Years   Months		nan one day	Immediato cause of deatb	DURATION
o. AGL.	79 5	23	hrs min.	C. anixin	
-				Bue to Malmush Malnut	
9. Birthplace	Oakland, M.	county, and state)		O . A	X
	ation Retir		lanager.	bed long conditions -	
10. Usual occup	ation	X.X	This think the part of the state of the stat	Due to	
11. Industry or b					
量 12. Name	Henry Davi	S •		Other conditions Desserting Queuron abo	Louise
Henry Davis.    12. Name Henry Davis.   13. Birthplace Allegheny County,			7 ,	ante su. to artivisclerais	
	name Maria E	. Willison	1.	(include pregnancy within 3 months of death)	
14. Maiden	name			Major findings of operations.	
		eny County		Date of op.	
16. Informant	Donald Davi	S .		Autopsy results	
Address		, Maryland		PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.
				22. VIOLENCE: If death was due to external causes, fill in the following:	
17	Burial mation, or removal. Which?)	Dale thereof	1. 15/47 onth) (day) (year)	Accident, suicide, or homicide	
Cemetery or o	remaiory Jakl			Where did injury occur?	(State)
	Herland			Injured at home, farm, industry, public place (where?)	
Location	6	- / /	12 11	Means of injury Injured at work?	
18. Funeral dire	ctor Trunc	2410.	Doller	1 0 11	
Address	latilas	hal.	Mod.	1. Ti- (August)	- MID
	15 117		10	23. SIGNATURE	D. or other
19. an	12. 19 4/	Bellear	./ awax Registrar	& alcland his.	2001 4 97
(Date rec'd	by registrar)		Registrar	Address	SHEW

JAN 21 1947
BUREAU 9 6.

	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	state Maryland, county Garret
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town Crellin, Maryland (If outside city or town limits, write RURAL and give mearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How jong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John William DeWitt.	218-03-0487
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.M.
Male White Married.	20. DATE OF DEATH January 17th, 1947 2:50
6.(b) Name of husband or wife Viola Ashby DeWitt.	21. I CERRIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of 2007 2007	and that I last saw h Admin alive on Jane 171 1947
deceased (mo., day, yr.) April 22d, 1897.	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION DURATION
549 8 14hrsmin.	Tours 'son
9. Birthplace Swallow Falls, Maryland.	Due in
10. Usual occupation Coal Operator.	Due to.
11. Industry or business	
E 12. Hame Lucian DeWitt.	Diher conditions
12. Name Lucian DeWitt.  13. Birthplace Garrett County, Md.	
14. Maiden name Catherine E. Sanders.  15. Birthplace Garrett County, Md.  16 Informant Mrs. Viola DeWitt.	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace Garrett County, Md.	Date of op.
16. Informant Mrs. Viola DeWitt.	
10. (110)	Autopsy results
Address Crellin, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?)  Bate thereof January 19/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Gottner Cemetery.	
Cemetery or cremaiory	Where did Injury occur?
Location Gortner, Maryland.	Injured at home, farm, industry, public place (where?)
18. Funeral director Encisor O y Boldon	Meens of injury Injured at work?
Address Calcland, Md,	23 SIGNATURE LEVEL S. Manee Min
19. United awas (Date rec'd by registrar)  Registrar	Address Oakland Md Date signed 18 Jan 47

UNFADING INK. Supply every item of information carefully. The tant. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important. VS-A15

JAN 28 1947
BUREAU V 8

to take no most move a thing of the distant

arrand to the bird sto.

2-35

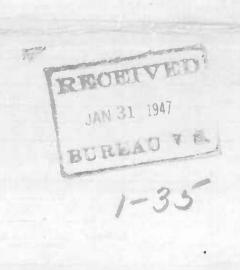
2411 N. Charles St., Baltimore

CERTIFICATE O	TO TO A COURT !
THRITHII AIR II	H 1 H A I F

1. PLACE OF DEATH: Garrett				PR 41.F	2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
County					State Maryland County Garrett		
City or town							
How long in above place of death?			years	City or town RD Grantsville (If outside city or town limits, write RURAL and give nearest town)			
		Et 4001632 Milete			Sirest No. (If rural, give		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				***************************************	2.(a) If veteran, name war		
3. (a) FUL	L NAME					3. (b) Social Security N	umber
		Goddar	d Doe	rr		None	
4. Sex		Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Mal	Le	White		Married	20. DATE DE DEATH January. 29	9, 19.47	1:A m
6.(b) Name of	กมิริยิล์กัน de w	ife Ett	a Doe	rr	21. I CERTIFY that death occurred on the date about		
				c) If alive, give age	1 / / / / / / / / / / / / / / / / / / /	16.10 Jan 2	9.19.4
7. Birth date	nt mo., day, yr.)		3,186		and that I tast saw h. M. alive on	1 // 2-	
8. AGE:	Years	Months	Days	if less than one day	Immediate canse of death	Inestas	DURATION
	82	7	26	hrsmin.	Meast cline	xel	••••••••
9. Birthplace		Ge	rmany	atate)	Due to.		borrossossassassassassassassas
							******************
11. Industry		No			Due to		
	3700				Other conditions		100000000000000000000000000000000000000
12. Name 13. Birth	α.	ermany				***************************************	****
E LA MAIA		lot Kno	wn		(Include pregnancy within 8 m	nonths of death)	
14. Maid 15. Birth	nlace	lot Kno			Major findings of operations		
					Autopsy results.		
		Grant			PHYSICIAN: Please underline the cause to wh	sich death should be charged st	atistically.
Address					22. VIOLENCE: If death was due to external cause	ses, fill in the toilowing:	
Burial (Burial, cremation, or removal, Which?)  Date thereot. Jan. 31, 1947 (month) (day) (year)					Accident, suicide, or homicide		
Cemetery or crematory. Grantsville				lle	Where did injury occur?(City or town)	(Connty)	(State)
Localion Grantsville, Maryland			Maryland	Injured at home, farm, industry, public place (wh	nere?)		
1B. Funeral director Allma Alimantung				119	Meens of Injury	Injured at work?	
Address Grantsville, Wdo					1 6 5	amis W	12
	-011.	30.47	7 Est	ex Broaduster	23. SIGNATURE	M. D. or	other
19. (Date re	c'd by registr	ar)		Registrar	Address & Maule Mills	Bate signed	24 2 TA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH: Garrette	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If consider a town limits write BIJPAL and give a page of town	State		
How long in above place of death? Life time Hospital, institution, or street address where death occurred:	City or town		
Now long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME Eliza Friend	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female White Widow	MEDICAL CERTIFICATION  Jan 3 .47 .8 A		
	20. DATE DF DEATH		
6.(b) Name of husband or wife	1 Center that death occurred on the date above stated; that i attended deceased from		
7. Birth date of deceased (mo., day, yr.)  May 27 1865	and that I last saw h. e.C. alive on December - 27 - 19.46		
8. AGE: Years Months Days If less than one day 7 6 hrs. min.	Immediate cause of death DURATION		
Maryland  9. Birthplace	Oue to Dierine Fibromai yrs		
11. Industry or business  William Umbel  12. Name Maryland	Other conditions		
14. Maiden name Harriet Savage  15. Birthplace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Uniontown Pa,	Antopsy results		
Burial  (Burial, eremation, or removal. Which?)  Cemetery or crematory.  Blooming Rose Cem-	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
18. Funeral director Brandonville, W.Va,	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?		
19. Jan 4 19 47 Kathryn Fiker.  Date rec'd by registrar)  Registrar	23. SIGNATURE D. B. C. Bate signed /		



MARGIN RESERVED FOR BINDING

age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5	6	0	-

CERTIFICAL	E UF DEATH Reg. Diat. No.
1. PLACE OF DEATH: 40 75	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta-give residence of mother)
City or town (If outside city or town muits, write RURAL and give nearest town)	State County Live The
How long in above place of death 4 5 6 7 20 00 mm	City or town
Hospitat, Institution, or street address where death occurred:	Street No
Now long in hospital or institution?	2.(a) It veteran, camo war.
3. (a) FULL NAME Those By Toller Frien	3. (b) Social Security Number
4. Sex 5. Color or raco δ.(α)Singles married, widowed, or diversed	MEDICAL CERTIFICATION
+ W	20. DATE OF DEATH January - 24 19 47 01 930P
6.(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	1045, 10 Jan 24 10 4
7. Birth date of	and that I last saw h & C alive on NO O
deceased (mo., day, yr.)   18   18   18   18   18   18   18   1	Immediate cause of death
03///	Exhaustion
93 6 6hrsmin.	
9. Birthplace (Town, county, and state)	Duo to
(Town, county, and state)	Serility Muscular
10. Usual occopation	Due to ATROOPHY
11. Industry or businoss—	\ X
12. Name 12. Name 13. Birthplace	Other conditions
X 13. Birthplace	
14. Malden name	(Include pregnancy within 8 months of death)  Majer findings of operations.
S 15. Birthplace	Date of on.
18. Informant Me 3 2x Friendle	Autopsy results.
Address Salkers tont bul	PHYSICIAN: Please underline the cause to which death sheuld he charged statistically.
Jun 21-47	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, custostian, or reproved. Which?)  Date thereot	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Township The Die	Injured at homo, farm, Industry, public placo (where?)
18. Funeral director of the Surveys	Means of Injury Injured at work?
a not of	
Address Francisco Vatharia 2: Kan	23. SIGNATURE A B. M. D. or other SI
(Date ree'd by registrar)  Registrar	Address Add 150 N - PT Date signed Jan 25/

BELLEVIL TO THE STATE OF A LAND AND THE OWNER OF THE OWNER OWN

THE ARTER OF THE ADJUST RES

A DESCRIPTION OF THE STATE OF

The Control of the Co

And the Park of the State of

FEB 6 1947 BURBAU V.B.

REAU V.B.

2-35

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00590

		CERTIFICA	TE OF DEATH Reg. Di	at. No.	
1. PLACE OF DEATH:  County		nits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland.  State		
Hospital, institution, or	street address where c	eath occurred:	Street No. (If outside city or town limits, write RURAL Street No. 5 Mi. South (If rural, give LOCATION)	aud give neereet town)	
How long to hospital or	tnstitution?		2.(a) If veteran, name war		
3.(a) FULL NAME Clar		th Holland	3. (b) Socia	l Security Number	
Female	5. Color or race White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICAT January 4, 1947		
		on E. Holland 53 6.6) tl alive, give age	21. I CERTIES that Geath occurred on the date above stated; that I is	attended lecessed from	
7. Birth date of deceased (mo., day, ye	July 9	, 1901		10	
8. AGE: Years 45	Months	Days If less than one day 26hrsml	n. aut Mephritis	BURATION	
9. Birthplace	ncordia, House W	Kansas.	Due to Muyo cardelis		
10. Usual occupation 11. Industry or business			Due to		
12. Name S	weeden	8e1.011	Other conditions		
# 14. Malden name	Emily C.	Nelson	(Include pregnancy within 3 months of death)  Major findings of operations.		
≥ 15. Birthplace	th Johns		Date	of op	
18. Informant			Autopsy results	ha charged statistically	
Address Con	cordia,	Kansas.			
Burial		Date thereof Jan. 6, 1947	22. VIOLENCE: Il death was due to external causes, fill in the foi		
(Burial, eremation,	or removal. Which?)	Date thereof Jan. 6, 1947 ve Cemetery (month) (day) (year)	Where did injury occur?		
	2/mi. n	orth Gorman, Md.	tnjured at home, farm, Industry, public place (where?)		
Location	Vier Vier	E Leighton		at work?	
18. Funeral director	Oakland	1/	23. SIGNATURE le . E. Maney	na	
19 an. (Date rec'd by re	6. 19 47	Julia G. Home Registr	ar Address Ochland: Med	M. D. or other Bate signed 5747	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

ax/an

JANI ZI 1947

2-35

2411 N. Charles St., Baltimore

00591

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Mt. Lake Park	(For newborn infants give residence of mother)  Maryland Garrett  State Rural- Vindex  City or town	
City or town	Rural- Vindex	s= co++++++++++++++++++++++++++++++++++++
How long in above place of death?	(If outside city or town limits, write RURAL and give n	earest town)
Riser Nursing Home	Street MJohnstown Coal & coke Co (If rural, give LOCATION)	. Mines
How long In hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME James Rohert McCloud	3. (b) Social Securit	y Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION 20. DATE OF DEATH, January 25	P
6.(b) Name of husband or wife		
7. Birth date of May 24, 1873	21. I CERTIFY that least occurred on the date above street: that I attended at 1 2 2	19
deceased (mu., uay, yr.)	Aratis "Heart" attack 50 minutes	
8. AGE: 7 gars   Months   Days   It less than one day	Acute Heart attackyo minuces	
Bonno Modno	Was Paralizedfrom cerebral	*****
9. Birthpiace Barre, Maine (Towu, county, und state)	Due to hemorrhage	
10. Usual occupation miner	Arterioscrerosis	dont know
10. Usual occupation	Bue to.	
11. Industry or business		
12. Name Linemouse.	Other conditions	****
	(Include pregnuncy within 3 months of deuth)	****
14. Maiden name	Major findings of operations	.,,.,
	Date of op	
16. intermaRecords at Johnstown C.&.C. CO., Address Vindex, Md.	Autopsy results	d statistically.
Burial Jan 28 1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide Date of	
Cemetery or crematory Kalbaugh Cemetery	Where did injury occur?	(Stute)
Elk Garden, Mineral Co., W. Va.	Injured at home, farm, industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director	120 00	
Address Blaine, W.Va.	23, SIGNATURE BY AND SUR	97
Jan 28 , 47 WBarrick	Oakland, Maryland	0. or other 1-27-47
Designation Designation	Cak land Mary land	4 4 60 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2-1720 - 2-10

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

00592

Reg. Dist. No.

1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Mt Toko Ponk	State Maryland County Garrett	30000 0× 0× 000000000000000000000000000
(If outside city or town limits, write RURAL and give nearest town)	nural Swanton	***************************************
How long in above place of dealh? 1 year	City or town (If outside city or town limits, write RURAL and give near 3 M1. N W Swanton	rest town)
Alser wursing nome	(If rural, give LOCATION)	
How tong in hospital or inslitution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security !	Number
Henry Archibold Miller		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	20. DATE DF DEATHJanuary 13, 48	1:05P.M
8.(6) Name of husband or wife Nevada Miller	21. I CERTIFY that death occurred on the date above stated: that I attended deeper	ged from
7. Birth date of March 17, 1869	im 1-13-47	19
7. Birth date of deceased (mo., day. yr.) March 17, 1869	and that t last saw h live on attack	10
8. AGE: Years Months Days tiless than one day	Immediate cause of death	2 days
ממי מיי		
	Typhiayza	2 WWee
Sharon, Pa.  9. Birthplece (Towu, county, and state)	Duo to. Influenza	
Farmer		
16. Usual occupation	Due to	***************************************
11. Industry or business Own Farm		***************************************
12. Hame 1110Mas MIIIIeI.	Diher candillons Was paralized about 12 year	a ago
E 13. Birihplace Scottland	other conditions mine accident	
Jessie Archibold  14. Malden name. Scottland  Mrs. Herbert Biggs	(Include pregnancy within 3 months of death)	
E 13. maigen name	Major findings of operations.	
El 15. Birliplace Octobration	Date of op	
Mrs. Herbert Biggs	Autopay results.	
Address Western port, Md.	PHYSICIAN: Please nuderline the cause to which death should be charged	ita tisti cally.
Burial Jan. 15, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;	
Date thereof San 13, 1947  [Burial, cremation, or removal. Which?]  Thayerville Cemetery	Accident, suicide, or homicide Date of	
Cemetery or crematory Thayerville Cemetery	Where did injury occur?	(State)
Garrett Co., Md.	Injured at home, farm, Industry, public place (where?)	(515-7)
Location		
18. Funeral director Jerlier C. Leighton	Means of Injury Injured at work?	
Address Oakland, Md.	68-15/611-	20
16.12	23. SIONATURE M. D. C.	rother
19. Jan Sala Jan Jan Jan Begistrar	1-13-47 Ockland Md Data signed	

NFADING INK. Supply every item of information carefully. The correct. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

JAN 21 1947

TANK TO THE TANK THE

2-35

(Date rec'd hy registrar)

MARGIN RESERVED FOR BINDING

vidence	for	the	change	of
age	birth	is	shown	on
G 108	1/23	3/47		

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICA	ATE OF DEATH Reg. Dist. No		
1. PLACE OF DEA	ett			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
Swanton Ma		***************************************	State Maryland county Garrett			
City or town Swanton, Md. (If outside city or town limits, write RURAL and give nearest town)		URAL and give nearest town)				
How long in above place	of death?	ife t	ime	City or town Swanton, Maryland. (If outside city or town limits, write RURAL and give neare	st town)	
Hospital, institution, or	street address where d	eath occurred		Street No.		
-90000000000000000000000000000000000000		***************************************	***************************************	(lf rural, give LOCATION)	***************************************	
How long in hospital or	Institution?			2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security N	umber	
Mrc M	ary O'Br	ián				
4. Sex	5. Color or race	6.(a)Singi	, married, widowed, or divorced	MEDICAL CERTIFICATION	DIE	
Tiome le	7877 - 5 - 4	37.			P.M.	
Female	White	l Ma	rried.	20. DATE OF DEATH January 11th, 1947	HARLE KID.	
6,(b) Name of husband (			'Brien	21. I CERTIFY had death occurred on the date above stated; that I attended deceas		
*****	.000.0000001100001110100000000000000000	6.(0	) If alive, give age76y	ears and that f last saw h alive on to to	42	
7. Birth date of deceased (mo., day, yr	o Octob	er l	4th 1872			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION	
74 75	/ 2	28	hrs	nin. Starolin manitin	***************************************	
Bit	tinger.	id -		Due to Institute To Awallow		
9. Birthplace.	tinger, i	ounty, and	tate)	Bod > Non Paralysis.	***************************************	
10. Usual occupation	Hous	se Wi	fe.	Cerebral Hanvage Som		
11. Industry or business				hurestensin.	***************************************	
12. NameJO 13. Birthplace	seph Brer	nema	1	Other conditions		
T 12. Name			Maryland.	Dilici Canalitana		
13. Birthplace				(Include pregnancy within 3 months of death)		
본 14. Maiden name			ttinger.	Major findings of operations		
14. Maiden name 15. Birthplace	BLiff	inger	, waryland.	Bate of op.		
Ho	ward J.			Aatopay results.		
10. Intermant		*****************	## E00000000000000000000000000000000000	PHYSICIAN: Please underline the cause tu which death should be charged at	atistically.	
Address	Dwant.o.	II, Incl	ryland.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burja	or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	, , , , , , , , , , , , , , , , , , , ,	
Cemetery or cremator	, Bitting	er C	emetery.	Where did injury occur?	(State)	
Ri.	ttinger,			Injured at home, farm, Industry, public place (where?)		
Location	7		12.00	Means of Injury Injured at work?		
18. Funeral director.	the Dal		120 all	a B Maria as A- A	112	
nauross (K)	117		1. 0 K)	23. SIGNATURE M.D. ST	other	
(Date rec'd by rea	7197	- ru	lead fower	Phologonal Aller		

JAN 21 1947

2-35

	CAIL OF DEATH Reg. Dist. No.
Ospilal, institution, or street address where death occurred:  Street No	Street No.  State. Maryland County Garrett  City or town Kitzmiller  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)

3. (a) FULL NAME

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

important.

WRITE PLAINLY,

PLEASE

MARGIN RESERVED FOR BINDING

William Albert Paugh 3.(b) Social Security Number None

Injured at work?

.. Date signed Van 21- 47

					-
. Sex	5.	Color or race	6.(a)Single	, married, widowed, or di	vorced
ale	V	Thite	Mar	ried	
	,,	"Eliza April 5	6.(c	(Tasker) ) If allve, give age	Paug 2
B. AGE:	Years	Months	Days	If less than one day	
	77	9 L, Garr			mle
11. Industry	or business 1050 ne	iner & tiredmi ph Par rrett ( rgaret saptown	ugh Co.,Mo	eg. Co.,	vid •
16. Informan	Cresa	er Paug	h Md.		
17 Bur (Burial,	ial	augh hick	Date there	eoJan. 23 ry (month) (dat	1947 (year)
A Harry	near b	arnum.	garre:	tt Co., Md	

(Date rec'd by registrar) 1947 AuBania

1B. Funeral director Otha F. Sharpless.
Address Blaine, W.Va.

MEDICAL (	LEKTIFICA	AP	0.450
January 20. DATE DF DEATH	20	4'/ 19	8:402
21. I CERTIFY that death occurred on the date a	bove stated; that)	ettended deceas	ed from
Immediate cause of death			DURATION
Coronary Fl	woul	ns.	********************
Due to.  Oue to.  Oue 10.	ulet		
Her conditions			
(Include pregnancy within			
Major findings of operations			
	Dal	e of op	
Autopsy results	which death shout	d he charged st	atistically.
22. VIOLENCE: If death was due to external	causes, fill in the fo	ollowing;	
Accident, sulcide, or homicide		Date of	
Where did injury occur?(City or town	(Cot	inty)	(State)

Injured at home, farm, Industry, public place (where?) ...

Means of Injury

VS A15



2-1720-2-10

AS A MANUAL PROPERTY OF THE PROPERTY OF

. . . .

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	the state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	
City or town Swallow Falls, Md. (If outside city or town limits, write RURAL and give nearest town)	Swallow Falls Md
How long in above place of death?	City or town Swallow Falls, Md. (If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where destin occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William Arthur Ream.	None
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.M.
Male White Widower.	20, DATE OF DEATH January 19th 47 ,15:00
6.(b) Name of husband or wife Elsie Sines Ream.	21. I CERTIFY that death occurred on the dale above etated; that attended decented from
Deceased .6.(c) It alive, give age	(Jan. 1). 147 . (4 m. 19 147
7. Birth date of deceased (mo., day, yr.) June 23d, 1862	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
84 6 27hrs.	min A Manual Man
	man proncus framing.
9. Birthplace. Oakland, Maryland. (Town, county, and state)	Due to.
10. Usual occupation Retired Farmer.	May May of Marie
11. Industry or business	Oue to.
12. Name Eli Ream.  13. Birthplace Lancaster, Pa.	of the Contaction and the Contaction of the Cont
	(Include pregnancy within 3 months of death)
14. Malden name Mary E. Friend.  15. Birthplace Garrett County.	Major findings of operations
	Date of op.
16. Informant Bert C. Ream.	Autopsy results.
Address Oakland, Maryland.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Burial Burial Date thereot Jan 22d/4' (Burial, cremation, or removal Which?)	7. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) (month) (day) (year	
Cemetery or crematory. Taylor Sines Cemetery.	Where did injury occur?
Location Swallow Falls, Md.	injured at home, farm, Industry, public place (where?)
18. Funeral director Essassin D. Bolde	Means of Injury Injured at work?
	1:0 15 //
Address Carland Mg.	23. SIGNATURE CELEDRIAL - / hause Min
Jan 23 184/ Julia a None	ristrar Addrese Calland, Med Date signed Date 1
(Date rec'd by registrar) Reg	ristrar   Addrese   Date signed



Out of the

2. USUAL RESIDENCE OF DECEASED:

Prim	ary	
Dist.	No.	***

FRTI		A	0	D C A	
$\vdash \vdash \vdash \vdash \vdash \vdash$	- 10	AIF	( ) -	1 )r A	-

		***********		**********
		4.1	111	00
1	1.3%		AUR)	30
-	1 Registered	No.	- 7	7
4 1				H00000-000000-

(a) County Sallell	(a) State Marshand (b) County Jan	soll
(b) Township.	(a) State. Letter (b) County(b)	
(c) Borough Transferelle M.D.	(c) City or town I seem develle	
(d) City	(If outside city or town limits, write RURA	L)
(e) Name of hospital	(4) Cana No.	
or institution (If not in hospital or last, write street number or location)	(d) Street No. (If rural give location)	0'0400001000000000000000000000000000000
(f) Length of stay:		
In hospital or inst(g) In this community	(e) If citizen of foreign country, name country	
1 1/1/1 2 0 -		
3. (a) FULL NAME A NNA C. ROHR		
3. (b) If U. S. Veteran, complete   3. (c) Social Security	MEDICAL CERTIFICATION	
reverse side of certificate No	20. Date of death: Month JANKARY to day 16 th	
5 Color or   6. (a) Single, widowed, married,	year 1947 hour 9 minute 20	> Pm
4. Sex. F race W divorced Historical	21. I hereby certify that I attended the deceased from	hay
6. (b) Name of husband or wife 6. (c) Age of busband or wife if	that I last saw her alive on JAN 16th	10 47
Cahina Rohrbacher alive years	and that death occurred on the date and hour stated	DURATION
7. Birth date of deceased Oct. 28 1892	above.	
(Month (Day) (Year)	Immediate cause of death	*****
8. AGE: Years   Months   Days   If less than one day	Cerebral hemorshage	14 DAVS
154 2 10	0	100 - 100 -
07 2 19 hrmin.	D. D. Conto To	17 1/04
9. Birthplace Hest Mustan Paris (City, town, or county) (State or foreign country)	Due to luggestention	12 YRS
10. Usual occupation Itomacungs	Due to	
11. Industry or business		******
(12. Name John O Lands basell	Other conditions Chrome Myocarditis	
- 13. Birthblace Cennaglousius	(Include pregnancy within 8 months of death)	
(City, town, or gounty) (State or foreign country)		PHYSICIAN
(14. Maiden name Martha Dahan	Major findings:	Underline
5 15. Birthplace Lemmas lvama		the cause to which death
(Clty, town, or county) (State or foreign country)		thould be
16. (a) Informant's own signature		istically.
(b) Address		
17. (a) Burge (b) Date thereof Jan 20,1947	22. If death was due to external causes, fill in the following	
(Buriai, cremation, or removal) (Month) (Day) (Year)	(a) (Probably) Accident, suicide, or homicide (specify) (b) Date of occurrence	
(c) Place Hest Newton County Hastmorelan State Lan	(c) Where did injury occur?	
	(City or town) (County)	(State)
18. (a) Signature of funeral director J. H. M. Canley	(d) Did injury occur in or about home, on farm, in industr	
(b) Address Heat newton	in public place? (Specify type of place)	
19. (a) Jan 17, 1947 (b) Kethryn Fike	While at work?(c) Means of injury	
(Date received local registrar) (Registrar's signature)	23. Signature Multon Jeppel (M. D.	-MEDITIES
	Address FRIENDSVILLE Md. Date signed la	11/11/14/

CAUSE WRITE PLAINLY WITH UNHADING INK—THIS IS A PERMANENT RECORD Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS of certificate.

OF DEATH In p

Did the deceased have Military or Naval service during any war in which the armed forces of t						
United States were engaged? YES or NO						
following information:						
	MARINE CORPSNURSE CORPS					
Name of War	Serial Number on discharge					
Organization and rank at discharge						
Enlisted	.Discharged					
Serial Number on adjusted compensation cer	tificate					
Character of Discharge	Wounded in action? YES or NO					
Number of months overseas						



MARGIN RESERVED FOR BINDING

VS A15

Evidence for the addition of usual residence of deceas MARYLAND STATE DEPARTMENT OF HEALTH is shown on G 108 1/13/47

CERTIFICATE OF DEATH.

13/0

00597

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Garrette	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	State Maryland County Farrett			
City or town. Rai - Add av i law nimits, write RURAL and give nearest town)	1-7. 1 in P			
How long In above place of death? 30 Vrs	City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No.			
	(If rurnl, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Sariah A Savage				
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Married	Ton 7 47 70			
	20. DATE OF DEATH. Jan 3 147 , 21 7P M			
6.(b) Name of husband or wife C M Savage	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of Nove TT T330 years	Jan-3- 1847 10 Jan-3-184			
7. Birth date of deceased (mo., day, yr.) NOV II I880	and that I last saw h. 4. C. alive on			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death			
66 T 22	and the same of th			
The state of the s	Iremic Loma)			
Pennsylvania .	Due to			
9. Birthplace				
10. Usuał occupation	Due 14 1 1 1 1			
11. industry or business Own home	Chr. Interstital Nephritus			
12. Name Herriera Pleteless	Other conditions			
13. Birthpiace Harmsbuella Pa				
ac l	(Include pregnancy within 8 months of death)			
14. Malden nameJerniah Grimm	Major findings of operations.			
15. Birthplace Maryland	- Date of op.			
18. Informant lamsore	Autopsy results.			
Friendsville R.D	PHYSICIAN: Please underline the caose to which death should be charged statistically.			
Address	22. VIOLENCE: If death was due to external causes, fill in the following;			
Burial Date thereof I/6/47				
(Burial, cremation, or removal. Which?)  Thomas Cem-	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
Location Markleysburg Pa,	Injured at home, farm, industry, public place (where?)			
Q G A Car-ad	Means of injury injured at work?			
18. Funeral director Sa				
Address Brandonville, W.Va,	A. B. Mara was that			
, gan 4 ,47 Kathryn Fike.	23. SIGNATURE AT 13. Meranore M. D. orthogol			
19. (Date ree'd by registrar)  (Date ree'd by registrar)  (Registrar	() 20:-: () 0			
the second	AUUTOSS			



Section.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466

# CERTIFICATE OF DEATH

Reg. Dist. No. 161

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)	
County	Track Garage	11
City or town	State County	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest	town
Hespital, Institution, or street address where death eccurred:		wwiij
	Sireot Ne	**********
Now long in hospital or institution?	2.(a) tf veteran, name war	
3. (a) FULL NAME To School	3. (b) Social Security Num	ber
4. Sex 5. Coler or race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION	
m. M. murice	20. DATE OF DEATH JANUARY 21 1947 at	9:151
6.(b) Namo of husband or wife 710 may & Schman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
16	January 19 1047 10 January 2	
7. Birth date of Open Section 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that t last saw h alive on	19.
deceased (me., day, yr.)	Immediato cause of death	DURATION
8. AGE: Years   Months   Days   If less than one day		
73 3 5hrsmin.		2 days
Da el		
9. Birthplace	Due to Carcinoma of	
To The O have all To	Storach	year
1D. Usual eccopation	Due te	
11. Industry or business		
# 12. Name	Other conditions	
∑ 13. Birthplace / System		
14. Maiden name Biline	(Include pregnancy within 8 months of death)	
15. Birthplaco 771 4	Major findings of operations To operation	
本  15. Birthglaco		*****************
18. Informant Cecil School Some	Autopey results autopsy	
Address Free Profes See met	PHYSICIAN: Please underline the cause to which death should be charged statis	tically.
Su 23 - 1/h	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Buriai, cremation; or ramoval. Which?)  Date thereef (month) (day) (year)	Accident, suicide, or hemicide	****************
Cemetery or crematory. I and the transfer of the comment of the co	Where did Injury eccur? (City or town) (Connty) (Str	ate)
Lecation Miletary of the second second	Injured at home, farm, industry, public place (where?)	****************
18. Funeral director 24 21 San 2	Means et Injury Injured at work?	
Address Transactor and Parkers	mist otell	mo
Jan 23 112 Kathay Fike	23. SIGNATURE M.D. or pu	Ker ////
(Date ree'd by registrar)  Registrar	Address Freudsvelle nd Date signed San	rugry2
//	7	100

DENTIFICATE OF DEATH

FEB & 1947 E - KI L .. .

01034

# CERTIFICATE OF DEATH

			2411 N. Charl	es St., Baltimore Bla	G.	11194
			CERTIFICAT	TE OF DEATH	Reg. Dist. No	166
Garrett				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County		
(If outside city or town limits, write RURAL and give nearest town)  8 mos •  How long in above place of death?  Hospital, institution, or sireel address where death occurred:				City or town Vindex, Marylan (If outside city or town limits Street No. (If rural, give	de, write RURAL and give nea	rest town)
How long In hospital o	r Institution?			2.(a) If veleran, name war		
3. (a) FULL NAM	E Minervia	Eller	Sims		3. (b) Social Security I	Number
4. Sex Female	5. Color or race		e. married, widowed, or divorced		ERTIFICATION	33-20
	or wife George		dow	20. DATE DF DEATH. January-28- 21. I CERTIFY that death occurred on the date aboveral Years	ve stated; that I attended decea	ased from
7 Dieth date of	vr.) Septembe		c) if alive, give ageyears	and that I last saw halive on Janu	ary-26- 1947	t9
8. AGE: Year 75	s   Months	Days 5	It less than one day	Immediate cause of death		1-Wk
tO. Usual occupation.	9. Birthplace (Town, county, and state)  Domestic at home  tt. tndustry or business			and paralysis, arteric  Due to Chronic Nephritis  Due to	of long stand	ing
12. Name	ndrew Aronh West Virgi Eliza Evan	nia		Other conditions	nonths of desth)	
15. Birthplace	West Virg	inia		Major fiadings of operations		
	rs. Howard Index, Mary			Autopsy results	ich death should he charged	
Burial  Burial  Tasker Cemetery  Vindex, Maryland.				Accident, suicide, or homicide	Date of	(State)
	Ellsworth ernport, Ma			Means of Injury	tnjured at work?	720.
19. Peter rec'd by re	19 4 7	Xu	lia / Maron	Deer Park Md.	M. D. o	oy other

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1		
	4. 9	
- 1	6	1
454	Page 1	- 28

Reg. Diat. No.

DURATION

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infonts give residence of mother)	SED:		
LDS:nTV	nd.	state Maryland county Garrett			
Cily or town. Oakland, Maryla (If outside city or town limits, write	RURAL and give nearest town)				
How long in above place of death? 69 year	5	City or town Oakland, Maryla	JRAL and give nesrest town)		
Hospital, Institution, or street address where death occur	red:	Sireei No			
		(If rurai, give LOCATIO			
How long In hospital or institution?		2.(a) If veteran, name war	***************************************		
3. (a) FULL NAME		3. (b)	Social Security Number		
Benjamin Hi	nkle Sincell.  ngle. married, widowed, or divorced				
		MEDICAL CERTIF	ICATION 7 A.		
Male   White	Married.	20. DATE OF DEATH January 11th	1946 12:		
8.(b) Name of husband or wite Lillian	Torris Sincell	21. I CERTIFY that death occurred on the date above stated;	that I atlended decessed from		
7. Birth date of Tanker 17 the	8 (c) It alive give age 75	Sept. 11 19 4/9 , to			
7. Birth date of deceased (mo., day, yr.) July 11th	1869	and that I last saw beads alive on	19		
8. AGE: Years   Months   Days	It less than one day	Immediate cause of death			
77 6 0	hrs. min.	Vernicous Anen	ma: 4-6		
		-	***************************************		
B. Birthplace Frederick, Ma	Ify Land.	Due to			
	r.				
		Due to			
11. Industry or business  El. Charles H. Sin	cell	-			
E   12. Relifo		Other conditions			
	ounty, Ma.	(Include pregnancy within 3 months of	death)		
E 14. Malden name Leah Richar	ason.	Major fiediogs of operations			
14. Malden name Leah Richar S 15. Birtholace Frederick	County, Md.	major nodiogs of operations.			
16. Informant Donald R. Sinc	ell.	Aotopsy results			
Address Oakland, Mar		PHYSICIAN: Ptease underline the easse to which death	shoold he charged statistically		
Rurial		22. VIOLENCE: It death was due to external causes, till in	the following;		
17. (Burial, eremation, or removal. Which?)	hereof Jan. 13/47 (month) (day) (year)	Accident, suicide, or homicide	Date ot		
Cemetery or crematory Oaklan		Where did injury occur?	(County) (Chata)		
eM brefsleft		Injured at home, farm, industry, public place (where?)			
	19 1001		njured at work?		
18. Funeral director	N, Boldle		7		
Address Ocklass	a, Ma,	23. SIGNATURE Condum E. / h	ane Min		
14 117	0 - 6 0	23. SIGNATURE CENTRAL CONTROL	M. D. or other		
(Date rec'd by registrar)	While I A Registron	Address Talland ned	Date signed / 2		

UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

JAN 21 1947 BUREAD 3

2-35

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

4	7		1	1
4	- P	/	6	60
	Rog. Dist.	No		

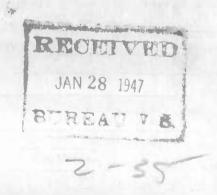
00600

1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
City or town. Oakland, Maryland.  (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Garrett			
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Life time	City or town Oakland, Maryland.  (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No.			
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Israel Thompson Spiker.  4. Sex   5. Color or race   6. (a) Single, married, wildowed, or divorced				
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Married.	MEDICAL CERTIFICATION P. 10 20. DATE OF DEATH. January 14th, 1947 1947			
	20. DATE OF DEATH			
6.(b) Name of huaband or wife Etta DeWitt Spiker.				
7. Birth date of deceased (mo., day, yr.) May 7th, 1855				
8. AGE: Yeara   Months   Days   If less than one day	DURATION			
91 8 7hrsmin.				
9. Birthplace. Garrett County, Md. (Town, county, and state)	Due to.			
(Town, county, and state)				
10. Usual occupation Retired Farmer.	Due to			
11. Industry or business				
Jacob Spiker.  12. Name Jacob Spiker.  Unknown	Diher conditions			
≦ 13. Birthplace UnKnown	(Include pregnancy within 3 months of death)			
14. Maiden name. Unknown 15. Birthplace Unknown	Major findings of operations.			
	Date of op			
16. Informant Mrs. Raymond Sines.	Actopay results			
Address Oakland, Mafyland.	22. VIOLENCE: tf dealh was due to external causes, fill in the following:			
17 Burial (Burial, cremation, or removal, Which?)  Date thereof Jan. 17th/47 (month) (day) (year)	Accident, suicide, or hamicide			
Cemetery or crematory.	Where did injury occur?			
Near Oakland Maryland	(City or town) (County) (State)			
Location Location Real Villians	Meana of injury Injury Injured at work?			
18 Funeral directors of the state of the sta	8 0 Ben so took ) Six med.			
Karl 17 At Lubis a Kriman	23. SIDNATURE M. D. or other			
(Data rec'd by registrar)	Address Varland M Bate signed 1/14/47			

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

Par Di			1	1	1
P Di	a NI.	/	1		0

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Garett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	State Md county Garett			
City or town Rural Near Bittinger (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 50 Years	City or town Rural Near Bittinger (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:				
	Street No			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Thomas Stanton	None			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
M W Married	20. DATE DF DEATH January 15 19 47 at 6.308			
6.(b) Name of husband or wife Catherine Stanton	21. I PENTIFY that death occurred on the date above stated; that I allended deceased from			
70	Mu 1947, 10 Jan 19 194			
5. (c) It alive, give age	and that I last say hour alive on David 10 19.42			
deceased (mo., day, yr.) May II-I872	Immedite carry of death DURATION			
8. AGE: Years   Months   Days   If less than one day	immediate cause of death			
74 8 4 hrs. min.				
9. Birthplace Rural Near Bittinger (Town, county, and state)	Due to			
(Town, county, and state)				
10. Usuat occupation	Due to.			
11. Industry or business Farmer				
	Differ conditions.			
Thomas Stanton  12. Name Near Bittinger Md				
	(Include pregnancy within 8 months of death)			
14. Maiden name Louise Broadwater				
14. Maiden name Louise Broadwater 15. Birthplace R.D.2 Grantsville Md	Major findings of operations.  Date of op.			
18 informant Mrs Catherine Stanton	Autopsy results			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Bittinger Md	22. VIOLENCE: tt death was due to external causes, till in the tollowing;			
Burial Burial (Burial, cremation, or removal, Which?)  Bate thereof, I-I7-I947 (month) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal, Which?) (month) (day) (year)				
Cemetery or crematory Bittinger	Where did injury occur?			
Location Bittinger Md	tnjured at home, tarm, Industry, public place (where?)			
18. Funeral director Min Mintule 19	Means of Injury Injured at work?			
Address Grantsville Md	11. Id. Down M. J			
0 11 12 089	23. SIGNATURE M. D. or other			
19. Dan 16 1947 At trust	I was some surle Med and on 15			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

JAN 20 1947 BUREAU VA

1-35